

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10810195

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	3					
9	3					
10	3					
11	3					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	2					
22	/					
23	/					
24	/					
25	/					
26	/					
27	1					
28	6					
29	6					
30	6					
31	6					
32	6					
33	6					
34	1	1				
35	1					
36	2					
37	8	8				
38	8					
39	8					
40	1					
41	1					
42	1					
43	3					
44	3					
45	1					
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	103					
TOTAL CLAIMS	110					

	IND	DEP	IND	DEP	IND	DEP
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52						
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TOTAL DEP.						
TOTAL CLAIMS						